Please type a plus sign (+) inside this box ->	+	* .	Approved for use through exactly
--	---	-----	----------------------------------

Approved for tise through example of one of one AUT 200 d Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are regulited to respond to a collection of Information unless it display railed OMB control number

CHANGE OF

Application Number

O9/13945

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents Washington, D.C. 20231

	The state of the s
Application Number	09/713943
Filing Date	August 20, 2001
First Named Inventor	Shigeru NAKAMURA, et a
Group Art Unit	
Examiner Name	
Attorney Docket Number	500.40513X00

Please change the Corre	spondence Address for the abov	e-identified application			
+ Customer Nu	mber 020457 Type Customer Number here	>	020457		
OR	•		MTENT TRADEMARK OFFICE		
Firm <i>or</i> Individual Name					
Address					
Address					
City		State Z	Р		
Country					
Telephone		Fax			
1 am the :					
Ap	olicant.				
Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.					
X Atto	rney or agent of record.				
Typed or Nelly Printed Name	in E. Schiavelli	Registration NO	<i>72,0</i> € フ . 22,46 6		
Signature_					
Date Augus	t 20, 2001				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.